hyperprolinemia

Hyperprolinemia is an excess of a particular protein building block (amino acid), called proline, in the blood. This condition generally occurs when proline is not broken down properly by the body. There are two inherited forms of hyperprolinemia, called type I and type II.

People with hyperprolinemia type I often do not show any symptoms, although they have proline levels in their blood between 3 and 10 times the normal level. Some individuals with hyperprolinemia type I exhibit seizures, intellectual disability, or other neurological or psychiatric problems.

Hyperprolinemia type II results in proline levels in the blood between 10 and 15 times higher than normal, and high levels of a related compound called pyrroline-5-carboxylate. This form of the disorder has signs and symptoms that vary in severity, and is more likely than type I to involve seizures or intellectual disability.

Hyperprolinemia can also occur with other conditions, such as malnutrition or liver disease. In particular, individuals with conditions that cause elevated levels of lactic acid in the blood (lactic acidemia) may have hyperprolinemia as well, because lactic acid inhibits the breakdown of proline.

Frequency

It is difficult to determine the prevalence of hyperprolinemia type I because most people with the condition do not have any symptoms. Hyperprolinemia type II is a rare condition; its prevalence is also unknown.

Genetic Changes

Mutations in the ALDH4A1 and PRODH genes cause hyperprolinemia.

Inherited hyperprolinemia is caused by deficiencies in the enzymes that break down (degrade) proline. Hyperprolinemia type I is caused by a mutation in the *PRODH* gene, which provides instructions for producing the enzyme proline oxidase. This enzyme begins the process of degrading proline by starting the reaction that converts it to pyrroline-5-carboxylate.

Hyperprolinemia type II is caused by a mutation in the *ALDH4A1* gene, which provides instructions for producing the enzyme pyrroline-5-carboxylate dehydrogenase. This enzyme helps to break down the pyrroline-5-carboxylate produced in the previous reaction, converting it to the amino acid glutamate. The conversion between proline and glutamate, and the reverse reaction controlled by different enzymes, are important in

maintaining a supply of the amino acids needed for protein production, and for energy transfer within the cell.

A deficiency of either proline oxidase or pyrroline-5-carboxylate dehydrogenase results in a buildup of proline in the body. A deficiency of the latter enzyme leads to higher levels of proline and a buildup of the intermediate breakdown product pyrroline-5-carboxylate, causing the signs and symptoms of hyperprolinemia type II.

Inheritance Pattern

This condition is inherited in an autosomal recessive pattern, which means both copies of the gene in each cell have mutations. Most often, the parents of an individual with an autosomal recessive condition each carry one copy of the mutated gene, but do not show signs and symptoms of the condition. In about one-third of cases, individuals carrying one copy of an altered *PRODH* gene have moderately elevated levels of proline in their blood, but these levels do not cause any health problems. Individuals with one altered *ALDH4A1* gene have normal levels of proline in their blood.

Other Names for This Condition

- proline oxidase deficiency
- prolinemia
- pyrroline-5-carboxylate dehydrogenase deficiency
- pyrroline carboxylate dehydrogenase deficiency

Diagnosis & Management

Genetic Testing

- Genetic Testing Registry: Deficiency of pyrroline-5-carboxylate reductase https://www.ncbi.nlm.nih.gov/gtr/conditions/C2931835/
- Genetic Testing Registry: Proline dehydrogenase deficiency https://www.ncbi.nlm.nih.gov/gtr/conditions/C0268529/

Other Diagnosis and Management Resources

 Baby's First Test http://www.babysfirsttest.org/newborn-screening/conditions/prolinemia

General Information from MedlinePlus

- Diagnostic Tests https://medlineplus.gov/diagnostictests.html
- Drug Therapy https://medlineplus.gov/drugtherapy.html

- Genetic Counseling https://medlineplus.gov/geneticcounseling.html
- Palliative Care https://medlineplus.gov/palliativecare.html
- Surgery and Rehabilitation https://medlineplus.gov/surgeryandrehabilitation.html

Additional Information & Resources

MedlinePlus

- Health Topic: Amino Acid Metabolism Disorders
 https://medlineplus.gov/aminoacidmetabolismdisorders.html
- Health Topic: Genetic Brain Disorders https://medlineplus.gov/geneticbraindisorders.html
- Health Topic: Newborn Screening https://medlineplus.gov/newbornscreening.html

Genetic and Rare Diseases Information Center

 Hyperprolinemia type 2 https://rarediseases.info.nih.gov/diseases/6710/hyperprolinemia-type-2

Educational Resources

- Disease InfoSearch: Hyperprolinemia http://www.diseaseinfosearch.org/Hyperprolinemia/3600
- MalaCards: hyperprolinemia http://www.malacards.org/card/hyperprolinemia
- Orphanet: Hyperprolinemia type 1 http://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=419
- Orphanet: Hyperprolinemia type 2 http://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=79101
- Screening, Technology and Research in Genetics http://www.newbornscreening.info/

Patient Support and Advocacy Resources

- Children Living with Inherited Metabolic Diseases http://www.climb.org.uk/
- National Organization for Rare Disorders (NORD)
 https://rarediseases.org/rare-diseases/hyperprolinemia-type-i/
- National Organization for Rare Disorders: Hyperprolinemia Type II https://rarediseases.org/rare-diseases/hyperprolinemia-type-ii/

ClinicalTrials.gov

 ClinicalTrials.gov https://clinicaltrials.gov/ct2/results?cond=%22hyperprolinemia%22

Scientific Articles on PubMed

PubMed

https://www.ncbi.nlm.nih.gov/pubmed?term=%28hyperprolinemia%5BTIAB %5D%29+AND+english%5Bla%5D+AND+human%5Bmh%5D+AND+%22last +3600+days%22%5Bdp%5D

OMIM

- HYPERPROLINEMIA, TYPE I http://omim.org/entry/239500
- HYPERPROLINEMIA, TYPE II http://omim.org/entry/239510

Sources for This Summary

- Campbell HD, Webb GC, Young IG. A human homologue of the Drosophila melanogaster sluggish-A (proline oxidase) gene maps to 22q11.2, and is a candidate gene for type-I hyperprolinaemia.
 Hum Genet. 1997 Nov;101(1):69-74.
 Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/9385373
- Geraghty MT, Vaughn D, Nicholson AJ, Lin WW, Jimenez-Sanchez G, Obie C, Flynn MP, Valle D, Hu CA. Mutations in the Delta1-pyrroline 5-carboxylate dehydrogenase gene cause type II hyperprolinemia. Hum Mol Genet. 1998 Sep;7(9):1411-5.
 Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/9700195
- OMIM: HYPERPROLINEMIA, TYPE I http://omim.org/entry/239500
- OMIM: HYPERPROLINEMIA, TYPE II http://omim.org/entry/239510
- Humbertclaude V, Rivier F, Roubertie A, Echenne B, Bellet H, Vallat C, Morin D. Is hyperprolinemia type I actually a benign trait? Report of a case with severe neurologic involvement and vigabatrin intolerance. J Child Neurol. 2001 Aug;16(8):622-3.
 Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/11510941

Jacquet H, Berthelot J, Bonnemains C, Simard G, Saugier-Veber P, Raux G, Campion D, Bonneau D, Frebourg T. The severe form of type I hyperprolinaemia results from homozygous inactivation of the PRODH gene. J Med Genet. 2003 Jan;40(1):e7.
 Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/12525555
 Free article on PubMed Central: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1735267/

• Shivananda, Christopher R, Kumar P. Type I hyperprolinemia. Indian J Pediatr. 2000 Jul;67(7): 541-3.

Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/10957843

Reprinted from Genetics Home Reference:

https://ghr.nlm.nih.gov/condition/hyperprolinemia

Reviewed: June 2007 Published: March 21, 2017

Lister Hill National Center for Biomedical Communications U.S. National Library of Medicine National Institutes of Health Department of Health & Human Services